



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Hernando Correctional Institution

In

Brooksville, Florida

on

July 11-13, 2017

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DEMOGRAPHICS

The institution provided the following information in the Pre-survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
722	Female	Close	3

Institutional Potential/Actual Workload

Main Unit Capacity	467	Current Main Unit Census	404
Satellite Unit(s) Capacity	330	Current Satellite(s) Census	318
Total Capacity	797	Census	722

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		294	390	27	N/A	N/A
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	485	64	162	N/A	N/A	

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	4	0	N/A	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	4	1
LPN	4	1
Dentist	1	0
Dental Assistant	1	0
Dental Hygienists	0	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	.8	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Psychologist	.8	0
Behavioral Specialist	0	0
Mental Health Professional	2	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	0	0

OVERVIEW

Hernando Correctional Institution (HERCI) houses female inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, and 3, and psychology (S) grades 1, 2, and 3. HERCI consists of the Main and three Satellite Units.

The overall scope of services provided at HERCI include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at HERCI on July 11-13, 2017. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training. A copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

Hernando Correctional Institution (HERCI) provides outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at HERCI:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and requires care at intervals of every six to twelve months.
- M3 - Inmate is being followed in a CIC every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were no findings requiring corrective action in the general chronic illness clinic review. There were findings requiring corrective action in three of the chronic illness clinics. The items to be addressed are indicated in the tables below.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care or sick call. Infirmary services are not provided at HERCI.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of medical inmate requests, medication administration, or periodic screenings. There were findings requiring corrective action in the review of consultations and intra-system transfers. The items to be addressed are indicated in the tables below.

DENTAL REVIEW

There were no findings requiring corrective action in the review of dental care. There were findings requiring corrective action in the review of dental systems. The items to be addressed are indicated in the table below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of the pill line. There were findings requiring corrective action in the review of infection control and pharmacy services. The items to be addressed are indicated in the tables below.

INSTITUTIONAL TOUR

There was a finding requiring corrective action as a result of the institutional tour. The item to be addressed is indicated in the table below.

Cardiovascular Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 3 of 5 applicable records (16 reviewed), there was no evidence that inmates with cardiovascular disease were prescribed low-dose aspirin.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the cardiovascular clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Endocrine Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 1 of 4 applicable records (15 reviewed), inmates with HgbA1c over 8.0 were not seen every three months as required.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the endocrine clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 2 of 7 records reviewed, there was no evidence of pneumococcal vaccination or refusal (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology</p>

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
	<p>clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-3: *Although, inmates in the neurology clinic are not considered high priority for pneumococcal vaccination, the inmates identified above reported a smoking history.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-4: In 3 records, the consultation was not performed in a timely manner (see discussion).</p> <p>PH-5: In 10 records, the diagnosis was not recorded on the problem list.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *Per Health Services Bulletin (HSB) 15.09.04, consultations marked as urgent are those that should be treated within 14 business days or less or the condition could deteriorate and possibly become an emergency condition. In all three records, the consultations were marked as urgent but were not performed within the required time frame.*

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-6: In 1 of 1 applicable record (15 reviewed), information regarding a pending consultation was not added to the consultation log upon inmate's transfer.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those transferring into the institution to evaluate the effectiveness of corrections.</p>

Intra-System Transfers Record Review

Finding(s)	Suggested Corrective Action(s)
	Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
PH-7: There was no evidence that emergency kit drugs were checked on a monthly basis for expiration.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.
PH-8: There was no evidence that commonly accepted abbreviations were used in the charts (see discussion).	Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

***Discussion PH-8:** Per HSB 15.04.13 Supplement E, unauthorized abbreviations are not to be used. Examples of abbreviations in the charts were EXI, GD, tepay, HSAP, and WOR. These do not appear on the list of approved dental services abbreviations provided in the HSB.*

Infection Control

Finding(s)	Suggested Corrective Action(s)
PH-9: Staff were not able to describe the protocol for handling a suspected or identified tuberculosis case.	Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column. Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc. Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.

Pharmacy Services

Finding(s)	Suggested Corrective Action(s)
<p>PH-10: Narcotic drugs were not stored properly (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-10: Per HSB 15.14.04 Appendix B, controlled substances must be stored in double-locked areas only. Appendix C states that all medication storage areas will have proper storage conditions, including sanitation, temperature, light moisture, ventilation, segregation, security and that controlled substances shall be stored under double lock or in a safe with accountability. Narcotics were kept in a locked cabinet in an exam room where inmates were assessed. Additionally, expired drugs were kept in the same cabinet as the box of emergency drugs. Per HSB 15.14.04 Appendix C, the expired or damaged drug shall be removed and separated. These drugs shall be stored in a separately designated area so as to be identified, and the distribution and administration of such drugs shall be prevented.

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiency:</p> <p>PH-11: All over-the-counter medications were not available in the dorms (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-11: Per Department policy 406.001, specific over-the-counter medications (Acetaminophen, antacid tablets, and Ibuprofen) will be made available in all general population and special housing areas. The dorms did not have antacid tablets on hand.

CONCLUSION – PHYSICAL HEALTH

The physical health staff at HERCI serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an outpatient basis. If infirmary care is needed, inmates are transferred to Lowell Correctional Institution. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Patient medical records were well organized. All observed areas on the compound were clean and neat. Interviews conducted by surveyors indicated inmates were familiar with how to obtain routine medical and emergency services. Interviews held with medical staff and correctional officers also indicated they were knowledgeable about how inmates access both routine and emergency medical services. Half of the inmates interviewed stated that the health care they received was adequate while the other half expressed concern in regard to rescheduling of appointments and inadequate follow-up of issues. There is only one clinician at HERCI who is on-site four days per week while also being responsible for providing coverage at another institution one day per week.

There were relatively few clinical findings requiring corrective action. Of particular concern to CMA surveyors was the lack of timeliness in urgent consultation referrals as described above. There were several findings, however, regarding dormitory areas, dental systems, infection control, and storage of narcotic drugs.

Based on the findings listed above, it is clear that the institution will benefit from the corrective action plan (CAP) process. Staff indicated that they were appreciative of the CMA review and would use the results of the survey report to improve physical health services.

MENTAL HEALTH FINDINGS

Hernando Correctional Institution (HERCI) provides outpatient mental health services. The following are the mental health grades used by the Department to classify inmate mental health needs at HERCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group and/or individual counseling, as well as psychiatric care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were no Self-harm Observation Status (SHOS) or psychiatric restraint episodes available for review at HERCI.

USE OF FORCE REVIEW

There were no use of force episodes available for review.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies or inmate requests. There was a finding requiring corrective action in the review of special housing; the item to be addressed is indicated in the table below.

OUTPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of outpatient mental health services and psychiatric medication practices; the items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There was a finding requiring corrective action in the review of aftercare planning; the item to be addressed is indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

There were findings requiring corrective action in the review of mental health systems; the items to be addressed are indicated in the table below.

Special Housing

Finding(s)	Suggested Corrective Action(s)
<p>MH-1: In 2 of 9 records reviewed, the “Pre-Special Housing Health Evaluation” (DC4-769) was incomplete or missing (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct monthly monitoring of no less than ten records of inmates in special housing to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** In two records, the form was present but incomplete. According to the Nursing Manual, all documentation must be completed in its entirety to be considered compliant.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 16 outpatient records revealed the following deficiencies:</p> <p>MH-2: In 1 of 4 applicable records, the inmate was not interviewed by mental health staff within 14 days of arrival (see discussion).</p> <p>MH-3: In 1 of 4 applicable records, the mental health screening evaluation was not complete (see discussion).</p> <p>MH-4: In 6 records, Individualized Service Plan (ISP) goals were not objective, behavioral, and/or measurable.</p> <p>MH-5: In 4 records, ISP interventions did not include the frequency and/or staff responsible (see discussion).</p> <p>MH-6: In 5 of 13 applicable records, the ISP was not reviewed or revised within 180 days.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-2:** This evaluation was completed five days late.*

Discussion MH-3: This evaluation should include an assessment of mental status and status of all active mental health problems, as well as an Individualized Service Plan (ISP) update. Staff was unable to locate this documentation at the time of the survey.

Discussion MH-5: In four records, the frequency of individual counseling was listed “PRN” or “as needed”. The frequency of this intervention should specifically list the maximum number of days the inmate will have between therapy appointments.

Outpatient Psychotropic Medication Practices	
Finding(s)	Suggested Corrective Action(s)
MH-7: In 3 of 15 applicable records (16 reviewed), the inmate did not receive medications as prescribed (see discussion).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-7: In one record, the Medication Administration Record (MAR) indicated that Celexa was discontinued on 3/21/17. However, there was no corresponding order to stop the medication. In the remaining two records, staff were unable to locate the MAR for June 2017. CMA surveyors were unable to determine if the inmates received prescribed medication during that time.

Aftercare Planning	
Finding(s)	Suggested Corrective Action(s)
MH-8: In 2 of 3 records reviewed, aftercare planning was not addressed on the Individualized Service Plan within 180 days of expiration of sentence (EOS).	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days of EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>MH-9: There was not sufficient restraint or self-harm prevention equipment for the inmate population (see discussion).</p> <p>MH-10: The current system to receive, disperse and respond to inmate requests was inadequate (see discussion).</p>	<p>Provide evidence in the closure file that the issue described has been corrected. This may be in the form of documentation via work order or completed work signed off by regional staff.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-9: According to HSB 15.05.10, the Health Services Administrator shall ensure that the following equipment is available and in good working condition: two or more sets of wrist and leg restraints and one protective helmet in each size (e.g. small, medium, and large). The required ambulatory restraints were not available at the time of the survey.

Discussion MH-10: Per staff report, inmates place their requests into locked boxes located on each wing of the dorms. During weekdays only, the night shift security staff collect the requests and sort them into different departments (e.g. medical, mental health, classifications, chaplaincy services) and place them into the internal mail system. This requires that the officer read the request to determine proper placement which violates the Health Insurance Portability and Accountability Act (HIPPA) standards for privacy. Additionally, this process causes lengthy response times. Once the request is received by mental health staff, the typical response time is within one working day. However, there is a lapse between the time the inmate writes and submits the request and when the request is received by the mental health professional. In the records reviewed it took an average of 16 business days for mental health staff to receive the request. Inmates interviewed expressed frustration with this lengthy process.

CONCLUSION – MENTAL HEALTH

The staff at HERCI serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. Mental health outpatient services, including case management and individual counseling, are provided to over 240 inmates. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, and provide aftercare planning for eligible inmates. Reportable findings requiring corrective action are outlined in the tables above.

Most of the findings in this report are related to treatment planning documentation. Goals and interventions listed on the ISP were not consistent with treatment provided, ISPs were not reviewed or revised according to protocol, and aftercare plans were not addressed on the ISP. Additionally, surveyors expressed concern regarding missing MARs and incomplete nursing assessments for inmates in special housing.

Notwithstanding the issues noted in the ISPs, the documentation reviewed reflected good clinical management and services provided at intervals more frequently than required. Notes were thorough, relevant, and specific to the inmates' psychological needs. Staff interviewed were familiar with the inmates on their caseload and inmates reported good cooperation with mental health staff and satisfaction with the program overall.

After a review of mental health records and interviews with staff and inmates and based on the findings listed above, the institution will benefit from the Correctional Medical Authority corrective action plan (CAP) process.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices.
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems, specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)
- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)

- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.